

PRESIDENT : Naturally, Medical and Public Health should be discussed together especially in regard to malaria and other diseases. After Ayurveda, Public Health may be taken up.

DEMAND XXIV—MEDICAL.

DR. S. JOHN : Sir, I move for a grant of Rs. 19,01,510 under Demand XXIV Medical.

MR. M. K. NILAKANTHAN : സർ, സഞ്ചാരപ്പടിയിനത്തിലേക്കുള്ള ൨൮൦൦ രൂപയിൽനിന്നും ഒരു രൂപാകറക്കണമെന്നുള്ള ഉപക്ഷേപം ഞാൻ ഇവിടെ അവതരിപ്പിക്കുന്നു.

സർ, കുന്നത്തുർതാലൂക്കിൽ അങ്ങാടിക്കൽ എന്ന് സ്ഥലത്തു ഒരു ശുപതി കെട്ടുന്ന കായ്ക്കത്തെ സംബന്ധിച്ച ഈ സഭയുടെ ശ്രദ്ധയെ ക്ഷണിക്കുന്നതിനായിട്ടാണ് ഞാൻ ഈ ഉപക്ഷേപം ഇവിടെ ഫോറമാക്കുന്നത്. അങ്ങാടിക്കൽ എന്നു പറയുന്ന സ്ഥലത്തുള്ള ഒരു നൂറ് വൈദ്യസഹായം ലഭിക്കണമെങ്കിൽ, ആറു മൈയിൽ ദൂരമുള്ള പത്തനംതിട്ടയിലും, ആറു മൈൽ ദൂരമുള്ള തുമ്പമണ്ണിയിലും, ഏഴു മൈൽ ദൂരമുള്ള കോന്നിയിലും ഉള്ള ഡിസ്പെൻസറികളിൽ പോകണം. എവിടെയായാലും അങ്ങാടിക്കൽ നിന്നും ആറു മൈൽ ദൂരമാണ് എല്ലാ ഡിസ്പെൻസറികളും സ്ഥിതി ചെയ്യുന്നത്. ഈ സ്ഥലം മലേറിയായുള്ള സ്ഥലമാണ്. കൊടുമൺ റിസർവിനോടു അടുത്തുകിടക്കുന്ന സ്ഥലമാണ്. ഇവിടെ ഒരു ആശുപത്രി സ്ഥാപിക്കുന്നതിനുവേണ്ടി സ്ഥലത്തുള്ള പൊതുജനങ്ങൾ ഒരു ഡെപ്യൂട്ടേഷനായി ദിവാൻജിഅവർകളെ സമീപിക്കുകയും ഒരു മെമ്മോറിയൽ സമർപ്പിക്കുകയും, ആ മെമ്മോറിയൽ സർജൻജനറലനു അയച്ചുകൊടുക്കുകയും ചെയ്തു. ആശുപത്രികൾക്കു അപേക്ഷകൾ തീരുമാനിക്കുന്നതിനു അടുത്തുതന്നെ ഒരു മെഡിക്കൽ ബോർഡു രൂപീകരിച്ചു. അതിനുശേഷം മെഡിക്കൽ അഡ്വൈസറി ബോർഡിന്റെ യോഗം ഒരു പ്രാവശ്യം മാത്രമേ കൂടിയിട്ടുള്ളൂ. യോഗത്തിൽ ഈ ആശുപത്രിയുടെ കാര്യം കൊണ്ടുവന്നിട്ടുണ്ടോ എന്ന് എനിക്കറിഞ്ഞുകൂടാ. ഏതായാലും ആശുപത്രിയുടെ കാര്യത്തിനുള്ള തിരുവിതാംകൂറിന്റെ നാനാഭാഗങ്ങളിൽനിന്നും വരുന്ന അപേക്ഷകളിൽനിന്നു ചിലതു തിരഞ്ഞു വെക്കുകയെടുത്ത് മെഡിക്കൽ അഡ്വൈസറി ബോർഡിന്റെ ശ്രദ്ധയിൽ കൊടുക്കുന്നതു നശിയല്ല. ഏകദേശം സ്ഥലങ്ങളിൽ ആശുപത്രിയുടെ ആവശ്യമുണ്ടെന്നു ന്യായമായ ഒരു അന്വേഷണം നടത്തി, കൂടുതൽ ആവശ്യമാണെന്നു ബോധ്യം വരുന്ന സ്ഥലത്തുമാത്രമേ അന്നു

യ്ക്കിട്ടുണ്ട്. ഹിപ്പോക്രാറ്റിന്റെ തന്നെ പ്ലാൻ അനുസരിച്ചു കെട്ടിടം പണിയിച്ചു കൊടുക്കാമെന്നും സമ്മതിച്ചിട്ടുണ്ട്. ഞ്ഞായറുടേ ജില്ലാ മുൻപ്രസ്താവിച്ച മെമ്മോറിയലിൽ കാണിച്ചിട്ടുണ്ട്.

മലേറിയ പടൻ പിടിച്ചിരിക്കുന്ന ഈ സന്ദർഭത്തിൽ അവിടെയും സമീപപ്രദേശങ്ങളിലുമുള്ള അനേകം ജനങ്ങൾ ഭരിതമനുഭവിക്കുന്നുണ്ട്. ഈ അവസരത്തിൽ അവിടെ ഒരു ആശുപത്രി സ്ഥാപിക്കേണ്ടതിന്റെ പ്രാധാന്യം എത്രമാത്രമുണ്ടെന്നു ഞാൻ പറയാതെതന്നെ ഉൾക്കൊള്ളുന്നതാണ്. അതുകൊണ്ട് ഒട്ടും താമസിക്കാതെതന്നെ അവിടെ ഒരു ആശുപത്രി സ്ഥാപിച്ചുതന്നെമെന്ന് അപേക്ഷിച്ചുകൊള്ളുന്നു.

MR. K. M. PAUL: Sir, I move:

To reduce the allotment of Rs. 2,800 for travelling allowance by Rs. 1

(To speak about the necessity for converting the Muvattupuzha hospital in to a major hospital as contemplated in the post-war reconstruction scheme.)"

Sir, according to the scheme in regard to the development of hospital re-organisation, it is proposed to develop 4 District Hospitals into major hospitals in the State. So far as the Northern portion of Travancore is concerned, the development of the Kottayam hospital will not by itself suffice the needs of the northern parts of the State. I therefore, request the Government to improve the Muvattupuzha hospital into a major one and to equip it with all the modern apparatuses so that the people in the northern Taluks of the State may find it more convenient to get every kind of medical aid. If the Muvattupuzha hospital is developed into a major hospital, I think most of the needs of the people in the north will be adequately met, because it occupies a central place.

MR. PULIYOOR T. P. VELAYUDHAM PILLAI: May I know whether the honourable member is aware of the proposal to make the Alwaye hospital a first class hospital in connection with the post-war reconstruction scheme?

MR. K. M. PAUL: I am well aware of that, but in my opinion a place midway between Kottayam and Alwaye will better serve the purpose.

MR. K. T. MICHAEL: We heard with pleasure the scheme of the Government to concentrate their attention on certain major hospitals in the State. We, at the same time, have heard that it is the Government's policy to reduce other hospitals to the status of mere dispensaries. I do not know whether the Government have taken up that position definitely.

PRESIDENT: The position is as follows:—According to the present day requirements a hospital should have a number of accessories for use in treatment to the eye, heart, ear, nose and throat and X-ray and deep ray therapy etc. All these involve a sum of Rs. 5 to 10 lakhs for

[President.]

each hospital. In the nature of things, therefore, Government have to resolve upon one of two policies, namely either they should have one hospital in Trivandrum on which they spend all the money that is available for the higher developments of medicine and have a number of other hospitals indifferently equipped and with second rate treatment, or they should have four or five absolutely first rate hospitals and leave the others as what may be called glorified dispensaries. It is a matter, really of financial implications and I should be glad to ascertain from honourable members what their opinion would be on these alternatives. At the present moment what Government want to do is to establish four or five first rate hospitals distributed throughout the State. They know, for instance, in the South there are first rate hospitals run by two missionary agencies. Naturally, therefore, Government would not be under any obligation to spend much money in the way of extra equipment, except by way of supplementing what there is in these hospitals. I am aware of the question that has been raised namely that some of these hospitals charge much more for patients than the Government hospitals do. If this is the case it may be argued that a similar hospital might be established in the South, in Trivandrum, in Quilon, in Kottayam, and in Alwaye. The point is that these hospitals within the course of the next 4 or 5 years involve a sum of Rs. 25 to 30 lakhs for equipment. Over and above equipment, you want experts. The number of heart and the number of ear, nose and throat experts even in the City of Madras is very small. The difficulty in getting such experts will be very great and if the idea of the Government is to have all the existing hospitals about 26 in number equally well-equipped and up-to-date Government will find it difficult to implement the programme.

MR. K. T. MICHAEL : True the people of the State will welcome these few well-equipped hospitals in the different parts of the State. But it is not welcome news to hear that the other hospitals will be reduced to a position of dispensaries.

PRESIDENT : The idea is to have a fleet of well-equipped ambulance cars. While the dispensaries will deal with emergent cases by way of preliminary treatment, there will be sufficient number of beds in all the hospitals. It is hoped that each of these major hospitals will have not less than 100 beds and probably up to 200 beds. The idea is, as soon as a major or a serious case arises, there will be ambulance cars to bring the patients to the nearest major hospital. Rather than rendering second-rate treatment in an indifferently equipped hospital the idea is to give the patients first rate treatment in the bigger hospitals.

MR. K. T. MICHAEL : The provision of ambulance cars will not be sufficient to meet the exigencies of cases very often. There will be certain cases in which it will not be proper, on medical advice, to take patients to distant major hospitals. For instance, a patient, say, from

Kumily will have to be taken to Kottayam, a distance of about 75 miles. In the first place, even if the hospitals are provided with ambulance cars it will not be possible that.....

PRESIDENT : I have seen all the hospitals here. I do not want to defame any surgeon, but take many of the hospitals and dispensaries. Is it of any real use for a patient to go to these hospitals, as they are, at present? I am talking in a reproachful which will probably aggrivate the Surgeon General, but I must say that it is neither desirable nor advantageous to go to these hospitals which are ill-ventilated, have few beds and afford no convenience to the patients who sometimes are found lying on the floor and little cared for. The whole problem, we think, has unfortunately gone beyond our means. We started with the idea of dealing with everybody who comes into the hospital, without thinking whether we could treat everyone adequately. At the present moment, I would ask the honourable member honestly to answer the question whether in most of the hospitals, excepting in two or three there are enough appliances, adequate nursing service and special equipment for the proper treatment of dangerous diseases.

MR. K. T. MICHAEL : I perfectly agree with the statement made by the Dewan-President. But the question is whether it will be possible for ordinary people to get the services of all these experts with the best equipment in the major hospitals. There are a lot of poorer patients who will be taken to the ill-equipped and probably insufficiently provided hospitals and will receive treatment which will be better than the treatment they may provide at home. There will be cases where the medical officers themselves will not advise patients being taken to far away major hospitals. In such cases there must be provision made in nearer hospitals for any patient to stay and receive treatment.

PRESIDENT : There is no proposal for abolishing existing hospitals. Only we want to see how far this experiment in regard to the bigger hospitals will meet the needs better.

MR. K. T. MICHAEL : Thank you, Sir. My doubts in the matter have been cleared.

I want to bring to the attention of Government another fact. Payment is received now for medicines distributed in the hospitals in the State. Of course it is people who can afford to pay that are asked to do so. But it is a great inconvenience both to the doctors and the people who go to get medicines. It is my belief that the money that is got is not equal to the trouble which the doctor has to meet. If a decent and substantial amount.....

PRESIDENT : The real reason is that influential people in the locality, usually very rich people, get hold of all the medicine relying on their local influence over the medical officer.

MR. K. T. MICHAEL : I am not in a position to agree with that position. People go to hospitals only when they are in need. They have no use of stocking medicines in their homes.

PRESIDENT : I know definitely of a particular hospital in Trivandrum, where a particular drug was not available because an important officer had taken away the whole of the drug free. After two or three similar cases where important officers and non-officials go to the hospitals, exercise their influence over the doctors and get practically all the drugs and prescriptions, thus leaving the poor to suffer, came to the notice of Government, it was stated that they should pay for some of the medicines.

MR. K. T. MICHAEL : Even now if the doctor wants to give away medicines he can do so and the evil will continue to exist. I do not object to payment by rich people for surgical services rendered to them in well equipped hospitals.

We have heard of the great malarial epidemic that has been ravaging the country for the past two or three months. In my constituency there are two localities, Erumeli and Manimala which lie near the forest and are highly malarial regions. The Medical Department and the Public Health Department have bestowed very great attention to the sufferings of the people and provision has been made to stop its progress. Temporary dispensaries have been established in those places with compounders in charge to distribute medicine. But that is not sufficient. Erumeli especially is the rendezvous of the pilgrims to Sabarimala. During the pilgrimage a temporary dispensary is established there every year. I suggest that two dispensaries may be established in those two places. The distance from either Erumeli or Manimala to the nearest hospital is at least ten miles. The people were not getting any advantage from the Medical Department all these years. I therefore earnestly pray that Government will consider the advisability of establishing two dispensaries in those two places.

MR. S. MUTHUKARUPPA PILLAI (*Thovala cum Agastheswaram*) : (Cut motion No. 401.)

The object of my motion is to discuss the failure of the Surgeon-General to recommend to Government to raise the Nagercoil District Hospital into a major one and to provide many more beds in the T. B. Hospital, Nagercoil.

Sir, a patient from Cape Comorin has to travel 55 miles before he reaches the nearest first class Government hospital viz., the one at Trivandrum, while one, between Trivandrum and Quilon will have to travel only a maximum of 25 miles before he reaches a central major hospital. So there is need for provision of facilities of a major hospital to the Nagercoil district hospital. It would be very useful for us, private general medical practitioners also. Again Sir, I urge on the Government that the T. B. Hospital at Nagercoil may be provided with as many beds as possible so that no patient receiving regular treatment in that hospital will have to reside outside, as otherwise it will be very difficult to control them and that means dissemination of infection to the surrounding parts especially to the Nagercoil town, in addition to disadvantages and difficulties to the patients themselves.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI : May I know whether the honourable member is aware of the proceedings passed by Government very recently regarding the reorganisation of the Tuberculosis hospital?

MR. S. MUTHUKARUPPA PILLAI : Yes, Sir. I am aware. But I would say that they are not sufficient.

MR. CHAZHIKATTU JOSEPH : സർ, തിരുവിതാംകൂറിലുള്ള ഏതാനും ആശുപത്രികൾക്ക് ഇപ്പോഴുള്ളതിൽ കൂടുതലായ പ്രാധാന്യം കൊടുത്തു അതുമൂലം ജനങ്ങൾക്ക് ഉപകാരപ്രദമാക്കി കൊണ്ടുവരണമെന്നുള്ളതിനേക്കാൾ, നാട്ടിന്റെ നാനാഭാഗങ്ങളിലും അതു ഉയന്ന തോതിലുള്ള ജീവനും ജനങ്ങൾക്കു ഉപയോഗയോഗ്യമായ തീരത്തു കെട്ടിയയിൽ ഡിസ്പെൻസറികൾ എപ്പിടുത്തുന്നതാണ്. ആവശ്യമായിട്ടുള്ളതെന്നു ഗവണ്മെന്റു നയത്തോടു ഞാൻ പൂർണ്ണമായി യോജിക്കുന്നു. ഉൾനാടുകളിലുള്ള പല ജനങ്ങളേയും മജിസ്ട്രേറ്റിന്റെ വിധികൾ നേരിട്ടാൽ, ക്രിമിനൽ പള്ളിയാകാതെ, കുറ്റമൊന്നും ചെയ്യാതെ, ഡാക്ടറുമാർ കൊല്ലുന്നുണ്ട്. ഇപ്പോഴത്തെ ആശുപത്രികളിൽ നടക്കുന്ന ഇത്തരം കൊലപാതകങ്ങളുടെ എണ്ണം കഴിയുന്നതും വേഗത്തിൽ കുറയ്ക്കേണ്ടതാണ്. ഞാൻ കൊലപാതകം എന്ന പദത്തെപ്പറ്റി രോഗം ശരിയായി കണ്ടുപിടിക്കാതെയും, കണ്ടുപിടിച്ചാൽതന്നെ ശരിയായ മരുന്നു കൊടുക്കാതെയും, ഏതു മരുന്നാണു കൊടുക്കേണ്ടതെന്നു നിശ്ചയിച്ചാൽതെയും ആവശ്യം ഉള്ളപ്പോഴും, ഇല്ലാത്തപ്പോഴും മരുന്നുകൾ കത്തിവെച്ചു മറ്റും പാകപ്പെടുത്താൻ നടത്തുന്ന ചികിത്സാസമ്പ്രദായംകൊണ്ട് അനവധി രോഗികൾ മരിക്കുന്നതായി കാണുന്നതുകൊണ്ടാണ്.

MR. E. K. MADHAVAN (*Kunnathnad cum Parur*) : ആശുപത്രികളിൽ ഇരിക്കുന്നവർ വിവരമില്ലാത്തവരും, വിദ്യാഭ്യാസമില്ലാത്തവരും ആണെന്നാണോ മെമ്പറുടെ അഭിപ്രായം?

MR. CHAZHIKATTU JOSEPH : അങ്ങനെയുള്ളവർ ആശുപത്രിയിൽ വരും, മരിക്കുകയോയിട്ട്.

സർ, എണ്ണയിടത്തും ഡിസ്പെൻസറികൾ എപ്പിടുത്തുകയാണ് വേണ്ടതെന്നുള്ള നയത്തോടു ഞാൻ യോജിക്കുന്നുണ്ടെങ്കിലും, ഇപ്പോൾ ആശുപത്രികളിൽ മരുന്നുവിലയായി വർദ്ധം വാങ്ങിക്കുന്ന എപ്പാട് നന്ദി അർപ്പിക്കണമെന്നു അഭിപ്രായപ്പെടാതിരിക്കാൻ നിവൃത്തിയില്ല. ആരോഗ്യകോടിയുപാദേശത്തിൽ വരുവുള്ള നമ്മുടെ ഗവണ്മെന്റിന് ഈ വർദ്ധം വാങ്ങിക്കേണ്ടിവരുന്നത് വളരെ കഷ്ടമാണ്. പ്രതിമാസം അൻപതു

[Mr. Chazhikattu Joseph.]

രൂപയെ അതിൽ കൂടുതലോ വരവുള്ളവരിൽ നിന്നും ഏറ്റവും തുച്ഛമായ ഒരു തുക ഈടാക്കിവരുന്നതിനെയാണ് ഞാൻ ഇവിടെ ധർമ്മം എന്നു പറഞ്ഞത്. വാസ്തവത്തിൽ ധർമ്മം വാങ്ങിക്കുന്നതുപോലെയാണ് ഈ തുക ഗവണ്മെന്റു വാങ്ങിക്കുന്നത്. ഏതെങ്കിലും ഒരു രോഗി ഒരു ഡാക്ടറുടെ അടുക്കൽ ചെന്നാലുടനെ അയാൾ കൊടുക്കുന്ന കരം എത്ര, ആഭായനികതിയെത്ര, എന്നെല്ലാം നോക്കി തിട്ടപ്പെടുത്തുക എന്നുള്ളതാണ് ഡാക്ടറുടെ ആദ്യത്തെ ജോലി. അരമണിക്കൂർ ഇയ്യ് തിട്ടപ്പെടുത്തുന്നതിനുവേണ്ടി കളയും. പിന്നെയുണ്ടോ രോഗത്തെപ്പറ്റി അന്വേഷണം നടത്തുക. ഇങ്ങനെ പണം വസൂലാക്കുന്നതിന് അദ്ധ്യക്ഷസ്ഥനത്തുനിന്നും ഒരു ന്യായം പറഞ്ഞു. ഏതോ ഡാക്ടർമാർ മരുന്നു മോഷ്ടിച്ചുകൊണ്ടുപോയി എന്നോ, എന്തോ ചില അനാശാസ്യ സംഭവങ്ങൾ ഉണ്ടായെന്നോ ഒക്കെ പറഞ്ഞു. ആ ന്യായം വളരെ ദുർബലമാണ്. ആ ന്യായത്തോടു എനിക്കു യോജിക്കാൻ നിവർത്തിയില്ല. അത്തരം അനാശാസ്യസംഭവങ്ങൾ ഉണ്ടാകുന്നുണ്ടെങ്കിൽ അതു മേലാൽ ഉണ്ടാകാതിരിക്കാൻ വേണ്ട നടപടികൾ നടത്തണമെന്നല്ലാതെ ആ ന്യായം പറഞ്ഞ് ഈ ധർമ്മം വാങ്ങിക്കുന്നത് ഭംഗിയല്ലെന്നാണ് എന്റെ അഭിപ്രായം.

PRESIDENT: From whom is the fee collected? What is the minimum income?

MR. S. JOHN: Rs. 50 and above.

MR. CHAZHIKATTU JOSEPH: ഇതുകൊണ്ട് കിട്ടുന്ന തുക എന്താണെന്നു നിശ്ചയമില്ല. ഒരു വൻപിച്ച തുക മെഡിക്കൽ ഡിപ്പാർട്ട്മെന്റിന്റേതല്ലെന്ന് ചെലവാക്കിക്കൊണ്ടിരിക്കുന്ന ഗവണ്മെന്റിന് ഈ തുച്ഛമായതുക കിട്ടുന്നില്ലെങ്കിൽതന്നെ വലിയ കുഴപ്പമൊന്നും വരാനില്ല. അതുകൊണ്ട് ഈ ഏർപ്പാട് നിശ്ശേഷം നിറുത്തേണ്ടതാണെന്നാണ് എന്റെ അഭിപ്രായം. പ്രധാനപ്പെട്ട മൂന്നുസ്ഥലങ്ങളിലുള്ള മേജർ ആശുപത്രികളെ പരിഷ്കരിക്കാനും, അഭിവർദ്ധിപ്പെടുത്താനും ഗവണ്മെന്റ് ഉദ്ദേശിച്ചിരിക്കുകയുണ്ടല്ലോ. അതോടുകൂടി ചെറിയ ഡിസ്പെൻസറികൾ നാട്ടിന്റെ നാനാഭാഗത്തും ഏർപ്പെടുത്തേണ്ടതാണ്. ഏതെങ്കിലും ഒരു സ്ഥലത്തു് ഒരു ഡിസ്പെൻസറിക്ക് വേണ്ടി സ്ഥലവും കെട്ടിടങ്ങളും ജനങ്ങൾ വിട്ടുകൊടുക്കുന്ന പക്ഷം അവിടെ ഡിസ്പെൻസറി സ്ഥാപിച്ചുകൊടുക്കുന്ന വിഷയത്തിൽ ഗവണ്മെന്റ് ഇപ്പോൾ ഒരു തീരുമാനം പ്രഖ്യാപിച്ചിട്ടുവരുന്നുണ്ട്. അടുത്തകാലത്തു് സ്ഥലവും, കെട്ടിടവും

ആവശ്യമുള്ള സാമഗ്രികളും മറ്റും തന്നെക്കൊള്ളാമെന്നുള്ള വ്യവസ്ഥ നിൽ പ്പെ-ഡിസ്പെൻസറികളും അനുവദിച്ചു കൊടുത്തിട്ടുണ്ട്. ഇപ്രകാരം സ്ഥലവും, കെട്ടിടങ്ങളും മറ്റും വിട്ടുകൊടുക്കാൻ തയ്യാറുള്ളവരായി ധാരാളം ആളുകൾ ഉണ്ട്. അങ്ങനെയുള്ള സ്ഥലങ്ങളിൽ ഡിസ്പെൻസറികൾ സ്ഥാപിച്ച് കൊടുക്കേണ്ടതാണ്.

ജനസംഖ്യ വർദ്ധിച്ചുവരുന്നതോടും ആശുപത്രികളുടെ ആവശ്യവും കൂടിക്കൂടിവരുന്നുണ്ട്. അതുകൊണ്ട് കൂടുതൽ ആശുപത്രികൾ സ്ഥാപിച്ചുകൊടുക്കേണ്ടതാണ്.

മീനച്ചൽ താലൂക്കിൽ ഉഴവൂർ എന്ന സ്ഥലത്ത് ഒരു ആശുപത്രി സ്ഥാപിച്ചുകൊടുക്കേണ്ടത് വളരെ അത്യാവശ്യമാണ്. രണ്ടാംശുപത്രികളാണ് ഉഴവൂർ എന്ന സ്ഥലത്തിനടുത്തുള്ളത്. ഒന്ന് ഭാഗം ആശുപത്രി, മററത് കൂത്താട്ടുകുളം ആശുപത്രി. ഈ രണ്ടു സ്ഥലത്തെയും ഉഴവൂരിൽ നിന്നും ഏഴെട്ടു മൈൽ ദൂരമുണ്ട്. പിന്നെ അടുത്തുള്ള ആശുപത്രികൾ ഇല്ല. വൈദ്യസഹായം ലഭിക്കുന്ന കാര്യത്തിൽ ഉഴവൂർനാവാസികൾ ഭാഗ്യശുപത്രി ഇല്ലാത്തതുകൊണ്ട് വളരെ വിഷമിക്കുന്നുണ്ട്. ഉറപ്പുതേക്കോ, കൂത്താട്ടുകുളത്തേക്കോ പോകുന്നതിന് ശരിയായ റോഡുമില്ല. അതുകൊണ്ട് ഉടനെ അവിടെ രണ്ടാമത്തെ ആശുപത്രി സ്ഥാപിച്ചു കൊടുക്കേണ്ടതാണ്.

അടുത്തകാലത്തു മീനച്ചൽ താലൂക്കിൽ മലേറിയ പടൻ പിടിക്കുകയുണ്ടായി. ഗവണ്മെൻറു വേണ്ട സഹായങ്ങൾ ചെയ്തു. പബ്ലിക് ഹെൽത്ത് ഡിപ്പാർട്ടുമെൻറിലെ ആളുകൾ സ്ഥലത്തുവന്നു അന്വേഷണ നടത്തി. ഇക്കാര്യത്തിൽ ഗവണ്മെൻറിന്റെ ശ്രദ്ധ വേണ്ട പതിയെ കയും മരുന്നുകൊടുക്കുകയും അങ്ങനെ അവിടുത്തെ മലേറിയ ഇപ്പോൾ നിയന്ത്രണാധീനത്തിൽ വരികയും ചെയ്തിട്ടുണ്ട്. അതാണ് ഗവണ്മെൻറിനേയും, മെഡിക്കൽ ഡിപ്പാർട്ടുമെൻറിനേയും അഭിനന്ദിച്ചുകൊള്ളുന്നു.

സർ, മിഷ്യൻ ആശുപത്രികൾ ചെയ്തുപോരുന്ന വിലയേറിയ നേവനങ്ങളെപ്പറ്റി അങ്ങു പറയുവയുണ്ടായി. അവർ അപ്രകാരം വൈദ്യസഹായം ചെയ്തുകൊണ്ടിരിക്കുന്ന ജാതിയിൽ വേണ്ട ധനസഹായംചെയ്തു അവരെ പ്രോത്സാഹിപ്പിക്കേണ്ടതാണ്. ഗവണ്മെൻറു ഇപ്പോൾ ഓരോ ആശുപത്രികൾക്കു വേണ്ടി വൻപിച്ച തുകകൾ ചെലവാക്കി വരുന്നുണ്ടല്ലോ. ഈ മിഷ്യനാശുപത്രികൾ ഇപ്പോൾ ചെയ്തുവരുന്ന വൈദ്യസഹായം അവർ ചെയ്യുന്നില്ലായിരുന്നെങ്കിൽ, അവർ അതാതുസ്ഥലത്തു

[Mr. Chazhikattu Joseph.]

ചെലവാക്കിയിട്ടുള്ളതോ, അതിൽ കവിഞ്ഞുവരുന്നതോ ~~ആരും~~ ~~അതുകൊണ്ട്~~ ചെലവാക്കി ആശുപത്രികൾ സ്ഥാപിച്ചുകൊടുക്കേണ്ട കടമ ഗവണ്മെന്റിന് വരുമായിരുന്നു. അതുകൊണ്ട് ഗവർണ്മെന്റിനും, ജനങ്ങൾക്കും ഇന്നും ചെയ്തുകൊണ്ടിരിക്കുന്ന ഈ മിഷ്യൻ ആശുപത്രികൾക്ക് കൂടുതൽ ധനസഹായം ചെയ്യേണ്ടതാണ്.

ആശുപത്രികളിൽ കിടക്കുന്ന രോഗികളെ ശുശ്രൂഷിക്കാൻ ഇപ്പോൾ ഉള്ള നഴ്സുകൾ, മതിയാകുന്നില്ല. അതിലേക്ക് നഴ്സുകളെ നിയമിക്കേണ്ടതാണ്. സ്രീകളായ രോഗികളെയും, പരുഷന്മാരായ രോഗികളെയും സ്രീ നഴ്സുകൾ ശുശ്രൂഷിക്കുന്നതിനാണ് ഇരുട്ടുതും ഇവു ചെയ്യുന്നത്. ഈ കാര്യവും ഗവണ്മെന്റിന്റെ ശ്രദ്ധയിൽപ്പെടുമെന്ന് വശ്യപ്പെടുന്നു.

MR. A. P. UDAYABHANU: I move to reduce the allotment of Rs. 22,038 for Superintendence by Rupee one. (To impress upon the Government the necessity of preventing doctors from accepting fees for medical attention in hospitals.)

Sir, one of my friends was remarking that two hells were on earth, the police lock-up and the hospital. By such a generalisation, I do not want to cast any aspersion on the humanitarian institution. But the callousness with which patients are treated in the hospitals is really terrible. This is the one department in the whole State where bribery is accepted, bribery is respectable. Doctors, in spite of the salaries that they receive, are allowed to accept fees from the patients who come to the hospitals maintained by the Government. This state of affairs I consider to be uncivilised and unacceptable. I do not mind the Government charging rich patients who are able to pay. I do not mind the Government asking the rich patients to pay for medicines. But the doctors who are in Government service receiving money from the patients who go to the hospitals to be treated, to consult, and to be examined, is to say the least, barbarous. To my knowledge, it is criminal in many countries for doctors attached to Government hospitals to receive money from patients.

PRESIDENT: I am making enquiries. I was not aware that such a practice prevailed here. Does the honourable member suggest that doctors ask fees for medical attention from the patients who go to Government hospitals?

MR. A. P. UDAYABHANU: I.....

MR. CHAZHIKATTU JOSEPH: ഉണ്ട് സാർ, എല്ലായിടത്തുണ്ട്.

PRESIDENT: That they ask for fees for treating them in Government hospitals?

MR. CHAZHIKATTU JOSEPH : Yes, Sir.

PRESIDENT : Order, order. A doctor can have anybody as his private patient. That is one of the advantages of being a doctor or a lawyer. The Advocate-General, for instance, can have private practice. So also a Government doctor can have private practice. That is one of the advantages of these professions. But once a person goes to a Government hospital and is being treated by a Government doctor in the hospital, the matter is different. Is it suggested, that he is asking for fees for treatment in the hospital?

MR. A. P. UDAYABHANU : Practically he is asking for fees.

PRESIDENT : If a doctor does that, I think he can be disenrolled for that. Is that not so, Mr. Surgeon-General?

DR. S. JOHN : Yes, Sir.

PRESIDENT : During the time that a patient is being treated in the hospital, if any doctor asks for or receives a single cash from the patient, that doctor has no right to be in service from that moment.

MR. CHAZHIKATTU JOSEPH : ഈ നിയമം ശരിയായി നടപ്പിൽ വരുത്തുന്നപക്ഷം അധികംപേരും ഡിപ്പാർട്ട്മെന്റിൽ കാണുകയില്ല.

PRESIDENT : Then I am prepared to have the difficulty of having nobody in the service. But has any honourable member ever brought to the notice of Government this fact? Will the honourable member now give one instance of a person who does it and I assure you that he goes out of service, whoever he be, and will be employed nowhere else. That is also fairly clear.

MR. A. P. UDAYABHANU : Fortunately for me it is some years since I had had to visit a hospital. Some four or five.....

PRESIDENT : That is the real trouble. I am asking the whole of the House, if there is a single instance of a doctor who gets any fee from a patient during the time he is in the hospital; that doctor will not be in service from the next minute. Any name can be mentioned by anybody in the House. If there is any delicacy of mentioning the names on the floor of the House, as happened the other day, they may write to me. This is a matter of fundamental importance to the State because it makes the whole position, to my mind, horrifying. If any name is given to me I shall start enquiries and shall deal with the matter.

MR. A. P. UDAYABHANU : The statement from the Chair is a welcome news to me. But so long as Government allows doctors to have private practice.....

PRESIDENT : That is impossible. Without private practice, a doctor cannot keep up his reputation and his skill. Throughout the world, doctors whether they are paid by Government or are in charge of great hospitals, are allowed to have private practice. For instance

[President.]

if the Advocate-General, merely confines himself to the work here of advising Government and does not have private practice, he will lose touch with his profession and his advice will not be of any use to Government. Therefore the Advocate-General should have private practice. So also the Government pleaders. Similarly unless the doctors have private practice and get to know the various varieties of diseases and their remedies, they cannot possibly keep themselves up-to-date in professional knowledge.

MR. A. P. UDAYABHANU: If doctors are to be allowed private practice, then the Government must be satisfied that they have their own nursing homes in which they will have their own stock of medicines and in which they can treat their private patients. Otherwise the natural consequence would be that the doctor asks the patient to go to the hospital and at the expense of the other patients, gives this patient the medicine stocked there. Even if a doctor does not ask for fees, the patient has the impression and that is fairly widespread, that he will not get the attention he deserves unless he is able to please the doctor.

Sir, when I insist upon enforcing the policy enunciated by the Chair I would as well insist upon Government paying very decently to the doctors. The doctors must not be compelled to accept such remuneration in order to keep up a proper standard of their position. Government will be amply justified in paying the doctors decently if only they do not resort to get money from the patients in the hospital itself.

There is a certain amount of indifference displayed by the doctors in the matter of seeing and handling the patients. Government should see that doctors do not show any sort of indifference in the matter of treating the patients.

I wish to turn to another aspect. Many people take to the medical profession not because for the love of it but because it is a profession which brings some money.

Another point I have to stress in this connection is the lack of beds in the General Hospital. If one goes there he could observe how congested the beds are and more people remain in the verandha portion of the premises.

PRESIDENT: Has the member gone there recently?

MR. A. P. UDAYABHANU: Not this year, Sir. We must increase the nursing staff, as I understand that the existing staff is quite inadequate to attend to the patients. It is the experience of the patients who have gone to the General Hospital and lived like an inpatient to undergo certain troubles. Generally it is after two or three hours a nurse comes to attend on inpatients not because of their indifference but due to the fact that their number is disproportionately small to the number of inpatients.

MR. C. P. GOPALA PANICKER : I may inform the House that a nursing school has been started and 33 students are learning the art.

MR. A. P. UDAYABHANU : I know that information through the Administration Report itself. Another matter I have to point out is the inadequacy of the medicines. Even though the price of medicine has gone up the budget allotment seems to be the same. Some more provision has to be made for that purpose. On going through the report for 1118 I actually came across an instance where our Government were not able to get the quinine offered by the Madras Government. For very many purposes our Government invoke the aid of Section 32 and effect purchases. Even when the matter referred to is an important medicine, I am sorry to find that Government did not accept the offer of the Madras Government. Even though Section 32 has been liberally exercised for very many other purposes, in this vital matter Government did not think so. Travancore has become a victim for malaria on that score. The rejection of the offer is indeed a sad event and the Government should immediately take measures to root out the prevalence of malaria in the State.

MR. K. A. MATHEW : Sir, medical service is one of the first charges on the revenue of a State. I am glad that Travancore has today made some headway in providing medical services to the people at large. On going through the Administration Report I find that in the year 1119, the number of medical institutions was 115 comprising 32 hospitals 79 dispensaries and 4 leprosy survey and treatment centres and 7 malaria dispensaries. I am constrained to say that even this number is very inadequate compared with the needs of Travancore. There are several rural areas where medical aid is sadly wanting. Sometime back I was touring certain areas of my constituency and I came across rural places where medical aid is badly lacking. For instance, at Venmoni where medical aid is difficult to obtain people are asking for a dispensary. I hope the Medical Department will kindly see that a dispensary is opened at Venmoni soon. Kuriannur is another place where the people are demanding a dispensary. I do not know whether the people of that locality have brought this need to the notice of the Medical Department. I trust that the department would see their way to grant a dispensary at that place.

Another important matter is that several of our rural areas are in need of maternity aid and child welfare centres. The department therefore should train a larger number of midwives. Out of 400 pakuthies, my impression is that not even about 200 pakuthies are supplied with maternity service.

MR. P. O. THOMAS : May I know, wherefrom the member got that information? The pakuthies served are much less in number.

MR. K. A. MATHEW : My impression is that not even half the population of Travancore is served with maternity aid. If Mr. P. O. Thomas's point is that the number served is very much lower than I hinted at it only strengthens my case. There is no gainsaying the fact

[Mr. K. A. Mathew]

that several places require provision for maternity aid and child welfare centres. A large portion of Travancore is devoid of the service of midwives and child welfare centres. In 1119, I find, only 40 underwent training in midwifery and 21 for dhai courses. If as has been stated by Mr. Gopala Panickar only 33 are undergoing training, that is a very inadequate number to cope with the requirements of mofussil areas.

MR. C. P. GOPALA PANICKER : But the honourable House may know that nursing schools are continued from year to year.

MR. K. A. MATHEW : I would urge on the Government to take steps to train a larger number of women in midwifery and nursing courses. There should be a definite plan chalked out by Government in this direction. To augment the number of midwives and nurses the Government should grant subsidies to private hospitals which give training in midwifery and nursing.

Regarding the development of hospitals in the post-war plan proposed by Government, I want to warn that the minor hospitals should not be neglected in the effort to develop the major hospitals in the State. It is not practicable for people to traverse long distances in search of hospitals. Minor hospitals should be improved by supplying them with the necessary equipments.

It should also be the endeavour of Government to provide clinics for the treatment of venereal diseases. There is the crying need for providing fever hospitals in Malaria-stricken localities. For instance in Ranni and several other places, the people are subjected to severe attacks of malaria. Even though the Government are interested to meet the needs of the places referred to, the provision made so far is very inadequate. Therefore, I would press on the attention of Government the need for opening fever hospitals to meet the present contingency. Honourable Mr. Muthukaruppa Pillai drew the pointed attention of Government to the need for providing more beds in the Nagercoil T. B. hospital. I would strengthen his hands in this demand because in Travancore the number of Tuberculosis patients is rapidly on the increase. Government must be very vigilant in combating the spread of this fell disease.

Now, Sir, I was surprised to hear that the Dewan-President was ignorant of the practice obtaining in almost all our hospitals, of doctors receiving payments for the attention they give to the patients. It is such a common practice in Travancore that very few people believe that they can get medical help without paying for it. The impression in the people is that they will not get proper attention if the doctors are not paid. Strictly speaking, the doctors are probably not expected to receive payment in the hospital. But very often payments are effected in their homes. If the Government will be keen in curbing the practice, it will be a boon indeed to the poor patients. I would once

again urge on the attention of Government to look to the needs of the people in rural areas and see that they are given every convenience to protect their health. The first and foremost attention of every Government, should be to bring within the reach of every citizen free medical aid.

MR. K. G. KESAVAN NAIR : Sir, at the very outset I desire to support the motion brought forward by Mr. Michael in order to establish dispensaries all over rural areas in general and especially at Erumeli and Manimala. At the time of the recent outbreak of malaria in my constituency it was found very difficult for the people of those places to go to the District Hospitals at Changanacherry and Kanjirapally. Manimala is about 24 miles off from Changanacherry and Kanjirapally District Hospital also is 12 miles distant from Manimala. In the circumstances I would urge the establishment of a Hospital at Manimala in preference to Erumeli because there is a regular bus service from Erumeli to Kanjirapally. The eastern pakuthies of Thiruvella taluk would also be benefited if a dispensary is installed at Manimala. I would therefore strongly emphasise this need and request the Surgeon General to bestow sufficient attention on this matter. I would gladly give expression to the fact that during the recent outbreak of malaria, the Public Health Department did very great service to the people in my constituency to bring the disease under control. Malaria was rampant in Changanacherry and Peermade during former occasions. When malaria broke out in Travancore for the first time it was confined to certain specified limits. This year excepting the coastal areas and some towns all the hilly regions were subjected to the attack of malaria. It is necessary for the department to find out the reasons for the outbreak of that and take effective action to prevent the spreading of the same to other areas.

As has been suggested on the floor of the House there is an apprehension on the part of the people that when the re-organisation of the medical department is brought into existence the existing dispensaries and hospitals would be neglected.

MR. C. P. GOPALA PANICKER : Government have not said so.

MR. K. G. KESAVAN NAIR : All that I said was there is an apprehension like that among the people. I would only suggest that the existing dispensaries and hospitals are not quite sufficient to meet the needs of the people at large. Numerous other dispensaries have to be established to counter the diseases that spread from year to year. With these observations I support the demand.

MR. P. K. KUNJU (*Ambalapuzha cum Shertalai*) : സർ, തിരുവിതാംകൂറിലുള്ള എല്ലാ ഹോസ്പിറ്റലുകളും.....

The House rose at 6. P. M.

Trivandrum,

2nd August 1945.

S. VAIDYANATHA AIYAR,

Secretary to the Sri Mulam Assembly.